

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 4298	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name MACK DALE P O Box Bldg Room No if any Street 818 STANTON RD City MOBILE State Alabama ZIP Code + 4 36617 2119	4 Name file number and address of labor organization. Name ILA LOCAL 1410 Labor Organization File Number 027-536 P O Box Building and Room Number if any Street 505 DR MARTIN LUTHER KING JR AVE City MOBILE State Alabama ZIP Code + 4 36602
5 Position in labor organization VICE PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Mack Dale</u>	On <u>3/30/2006</u> Date	<u>251-452-8421</u> Telephone Number

Name of Person Filing MACK DALE

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name MSSA ILA WELFARE PLAN

Trade Name if any

P O Box Bldg Room No if any

Street 260 ST ANTHONY ST

City MOBILE

State Alabama

ZIP Code + 4 36602

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name MSSA-ILA WELFARE PLAN

Trade Name if any

P O Box Bldg Room No if any

Street 260 ST ANTHONY ST

City MOBILE

State Alabama

ZIP Code + 4 36602

11 a Nature of such dealing

MR DALE IS VICE PRESIDENT OF ILA LOCAL 1410 AND IS A TRUSTEE ON THE MSSA-ILA WELFARE PLAN

11 b Approximate dollar value of such dealing

\$740

12.a. Nature of interest held or income received.

MR DALE RECEIVES REIMBURSEMENT FOR WAGES LOST DUE TO TRUSTEE MEETING ATTENDANCE

12.b. Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

FROM MILLETTE ADMINISTRATORS

FAX NO 2284758156

Mar 30 2006 10 04AM P2

a Control number Date		Void <input type="checkbox"/>		Copy D—For Employer OMB No 1545-0008		
b Employer identification number (EIN) 63-0181144		1 Wages, tips, other compensation 740 00		2 Federal income tax withheld		
c Employer's name address and ZIP code MSSA-11A WELFARE P O BOX 2332 MOBILE, AL 36652-2332		3 Social security wages 740 00		4 Social security tax withheld 45 90		
		5 Medicare wages and tips 740 00		6 Medicare tax withheld 10 75		
		7 Social security tips		8 Allocated tips		
d Employer's social security number 422-82-9567		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name address and ZIP code MACK J DALE 818 STANTONRO MOBILE, AL 36617		11 Nonqualified plans		12a See instructions for box 12		
		13a Statutory employee		12b		
		Retirement plan		12c		
		Third-party sick pay		12d		
		14 Other				
15 State AL	Employer's state ID number 046520	16 State wages tips, etc. 740 00	17 State income tax	18 Local wages tips etc	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax
Statement**2005**

32-100847 Department of the Treasury—Internal Revenue Service

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